

215037530
60268

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 012	Agency Case No. B5-085373	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/14/2015		(In Military Time) TIME OF ACCIDENT 1923	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1925	Amended 09/15/2015	
B 81	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. St. Paul Ave./ N. 40th St.-N. 41st St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 3	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			112.00	X	N. 40th St.	
V1/M 19	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H12257805		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	AKRAM R AL-REKABI		PHONE	402-405-1693	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 635 S 20TH ST APT 7, LINCOLN, NE 68510		DATE OF BIRTH (MM / DD / YYYY)	07/01/1971	
G 2	OWNER	Akram R Al-Rekabi		PHONE	402-405-1693	
H 5	OWNER ADDRESS	CITY, STATE, ZIP 635 S. 20th St. #7, Lincoln, NE 68510		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB482482	
V1/O 1	LICENSE PLATE NO.	YEAR 2002	MAKE Dodge	MODEL Dakota	BODY STYLE Pickup truck	COLOR white
V2/O 1	VEHICLE ID NO. (VIN)	1B7GL42X92S690278		INSURANCE COMPANY	Viking Insurance	
I 1	TOWED TO	TOWED BY		POLICY NO.	274602406	
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V2/P 8	DRIVER	Vehicle Was Legally Parked		PHONE		
J 01	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
V1/Q 4	OWNER	YOLANDA JAMES		PHONE	402-217-7185	
V2/Q 4	OWNER ADDRESS	CITY, STATE, ZIP 4011 ST PAUL AVE, LINCOLN, NE 68504		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
K 01	LICENSE PLATE PA NO.	SKX683	YEAR 2006	MAKE Mazda	MODEL M3I	BODY STYLE 4 door Sedan
	VEHICLE ID NO. (VIN)	JM1BK12F761511637		INSURANCE COMPANY	Progressive	
	TOWED TO	TOWED BY		POLICY NO.	905799209	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-085373

Indicate
North
by Arrow



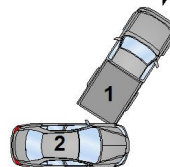
**Measurements
Approximate
Not To Scale**

**POI-
112' E of E curb of N. 40th
St.
7' N of S curb of St. Paul
Ave.**

4020 St.
Paul

← N. 40th St.

N. 41st St. →



St. Paul Ave.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 was attempting to back out of the driveway of 4020 St. Paul Ave. While backing out of the driveway, D1 vehicle struck V2 which was legally parked on the S curb of St. Paul Ave.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS				PHONE
	NAME ADDRESS				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		0		
1		X			St. Paul						4		2		Y		Y		Y		
2			X		St. Paul						4		2		N		N		N		
1	02	06 Turning left				POINT OF IMPACT		06	POINT OF IMPACT		08	1 Deployed - front		1 None used - vehicle occupant		BAC LEVEL		Driver No. 1		Driver No. 2	
2	10	08 Entering traffic lane				MOST DAMAGED AREA		06	MOST DAMAGED AREA		08	2 Deployed - side		2 Lap & shoulder belt used		ALCOHOL/ DRUGS SUSPECTED		1		5	
				09 Leaving traffic lane								3 Deployed - both front/side		3 Shoulder belt only used							
				10 Parked								4 Not deployed		4 Lap belt only used							
				11 Slowing or stopped in traffic								5 Not applicable/ No airbag available		5 Child safety seat used							
				12 Other								6 Unknown		6 Child booster seat used							
														7 DOT approved helmet used							
														8 Costume helmet used							
														9 Restraint use unknown							

OFFICER NO. 1742	TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Matthew Gilleland		INVESTIGATOR SIGNATURE Approved by Matthew Gilleland	
DATE OF REPORT 09/15/2015			